

Akin Ambulance
P.O. Box 1780 13305 Hwy 123 South
Seguin, Texas 78155
Ambulance Dispatch-830-372-4340
Business line-830-303-3559
Fax-830-372-1244

Date of Application_____

Date you can start_____

Position applied for_____

Name: (Last, First, Middle) _____

Present address_____

City, State, Zip_____

Phone_____ Cell_____

Date of Birth_____ Drivers Lic_____

State of Drivers License_____ Expiration_____

Social Security number_____

Are you employed now? (Circle one) Yes No

May we contact your employer? Yes No

How did you hear about this company? (Circle all that apply)

Newspaper Ad Yellow Pages Friend Other_____

Type of License/ Certificate (circle all that apply) EMT EMT-I EMT-P
NR BTLS PALS ACLS ALS PEP CPR

List any other certificates that would be helpful in this job_____

Are you an Instructor? Yes No

Type and expiration of Instructor: _____

Education History:

High School: (Name, City, State) _____

Year graduated _____ GED _____

College-University _____

Years attended _____ Degree _____

Technical/Vocational School _____

List all languages that you speak or write fluently: _____

Circle all equipment you can operate:

	Fax		Copier		Computer
Programs:	Word	Excel	Publisher	Power Point	Word Perfect

Did you serve in the armed forces? Yes No

If yes, what branch? Army Navy Marines Air Force Coast Guard

If yes, What type of discharge did you receive (please provide a copy) _____

Have you ever been injured on the job? Yes No

If Yes, specify _____

Have you been convicted of any offense other than traffic violations? Yes No

If Yes, list convictions:

Traffic Tickets in the last 3 years? Yes No

List any medical problems you may have _____

Can you lift 120 pounds or more? Yes No

What vaccinations do you have? TB HEP-B OTHER _____

List the last 3 places you have worked, starting with your present employer:

Name of Employer: _____

Address: _____

Employed from _____/_____/_____ to _____/_____/_____

Position held _____ Salary _____

Supervisors Name: _____

Reasons for leaving _____

Name of Employer:

Address: _____

Employed from _____/_____/_____ to _____/_____/_____

Position Held _____ Salary _____

Supervisors Name _____

Reason for Leaving _____

Name of Employer _____

Address _____

Employed from _____/_____/_____ to _____/_____/_____

Position Held _____ Salary _____

Supervisors Name _____

Reason for leaving _____

List four people not related to you or living with you to be used as personal references. Please give the name, address, phone number, and time acquainted.

Name: _____ Number _____

Address _____ yrs known _____

Name _____ Number _____

Address _____ yrs known _____

Name _____ Number _____

Address _____ yrs known _____

Name _____ Number _____

Address _____ yrs known _____

All applications must include a Federal Criminal Background Check and a certified copy of their Driving Record.

I authorize anyone listed as a reference, employer or educational institution to release any information to verify or confirm this application. I understand that providing false information will be grounds for hiring ineligibility, or termination if discovered after I am hired.

The information that I have written on this application for employment is true and correct to the best of my knowledge.

Signature of Applicant _____

Date ____/____/____

Reviewed by _____

Background check date ____/____/____